Employer Sponsored Tuition Plan (ESTP) Procedures

***Please read carefully***

Finger Lake Community College’s Employer Sponsored Tuition Plan (ESTP) provides eligible students the option of deferring tuition payment until the end of the semester after grade reports have been issued. Based upon the employer’s planned tuition disbursement to qualified employees, the employee’s payment guarantee with a Discover, MasterCard or Visa and a signed ESTP deferral, the semester payment can be deferred, in most cases, until the employer paid tuition benefits have been received.

Employer Sponsored Tuition Plan deferments for students must be completed each semester of attendance. It is also the student’s responsibility to provide the College with a copy of their employer’s tuition reimbursement policy on company letterhead each semester. FLCC can rescind the deferment if notified by the employer that tuition benefits are no longer in effect if the student is not in good financial standing with the College.

Process
The student and the employer complete their respective parts of the ESTP deferment application and the student submits the application to the FLCC-Office of Bursar by the billing due-date for that semester. The Office of the Bursar will verify that the student is in good financial standing with the college and will make a deferment notation on the student’s college account.

Payment
Secure online payment can now be made with your American Express, Visa, MasterCard of Discover by following the link Make Full Payment Online with e-Cashier Online found on the bottom of the Student Accounts Website: www.flcc.edu/bursar

It is the responsibility of the student to initiate the payment by the due date indicated on the front of this document. A late fee of $40 will be assessed if full payment is not received by the specified due dates or if a credit card cannot be processed.

On the business day following the published due-date for the semester, the Office of the Bursar will identify those students who have unpaid balances and will charge their credit cards for the full amount of the account balance. If the credit card payment does not go through, a registration hold will be activated and the student will be notified by phone. If the college is unsuccessful in collecting the account balance, future ESTP deferments for that student will not be allowed and the student will jeopardize his or her current registration status. Delinquent accounts will be turned over to a collection agency.

Your employer’s bankruptcy does not remove your responsibility indicated in the agreement.

This completed document can be dropped off in person to the Office of the Bursar, or mailed to: Bursar’s Office, Finger Lakes Community College, 4355 Lakeshore Drive, Canandaigua, NY 14424 or emailed to bursar@flcc.edu or faxed to attention of the BURSAR at 585-394-5005.

Make a copy of this document for your records and to use as a reminder for payment due dates.

You will not be receiving any reminder notices from the College.

Please return this completed form to the following address:

Finger Lakes Community College
Office of the Bursar
4355 Lakeshore Drive
Canandaigua, NY 14424

Email: Bursar@flcc.edu

Fax: 585.394.5005
Employer Certification:

_____________________________ is eligible for tuition reimbursement for the semester checked below and will receive ________% tuition reimbursement and ________% fee reimbursement for the course(s) completed upon meeting requirements of the company’s tuition aid plan. The following course(s) are authorized:

<table>
<thead>
<tr>
<th>COURSE NUMBER</th>
<th>COURSE NAME</th>
<th>CREDIT HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Company Name________________________________________________________

Authorized Name (print please) _________________________________________ Title______________________________

Authorized Signature________________________________________________

Phone (________) ______________________   Email____________________________________________________

Payment Due Dates 2009-2010

<table>
<thead>
<tr>
<th>Semester</th>
<th>Full Deferment with Payment Guarantee*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer</td>
<td>August 28, 2009</td>
</tr>
<tr>
<td>Fall</td>
<td>January 5, 2010</td>
</tr>
<tr>
<td>Spring</td>
<td>May 26, 2010</td>
</tr>
</tbody>
</table>

The Office of the Bursar requires a new ESTP form to be submitted prior to each semester.

*A late fee of $40 will be assessed if full payment is not received by the due dates indicated above or if a credit card cannot be processed.

This payment deferment form should be presented along with the semester bill to the Office of the Bursar by the billing due-date for that semester.

Employee Agreement:

I agree that I will pay to Finger Lakes Community College the full amount of tuition and fees charged on my student account in accordance with the due dates set forth in the payment schedule below.

I have provided the account number and expiration date of my Discover, MasterCard or Visa below. I authorize billing to this card for any unpaid charges on my student account after the payment due dates listed below (regardless of whether I have received my reimbursement from my employer or not). I certify that my available credit limit is sufficient to cover my semester’s tuition at the time payment is due.

Credit Card Authorization – REQUIRED – MUST BE COMPLETED BY STUDENT.

Student Name: ___________________________________ ID:______________   Semester:_________________ Amount: $___________________

Please check one: ____ Discover Card   ____ MasterCard   ____ Visa

Credit Card No: //____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____/ Expiration Date: //____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____//____/ Enter the last three digits on the back of your Credit Card: //____//____//____/

Credit Cardholder’s Address:

__________________________________________________________

Authorized Signature_______________________________________

Print Name:________________________________________________ Date:________________

* I understand that if a college debt must be referred to outside sources for collection, I will be responsible for paying additional collection costs including, but not limited to reasonable attorney’s fees and disbursements.

Student Name (print please) _________________________________________

Student Signature* ________________________________________________

SSN or FLCC ID ___________________________ Phone (____) __________________ Email_________________________________